



Nebraska Behavioral Health Overview

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Behavioral Health Integration Advisory Committee

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Behavioral Health Integrated Model of Care

Basic Principles

- Whole person orientation
 - Seamless coordination of medical and behavioral care
 - Embrace a holistic approach to care
- Accessibility of services
 - Geographically close to members
 - Co-location of medical and behavioral when possible
- Promote wellness and self-care programs
 - Peer Support services
 - Inform and educate our members, providers and staff about recovery and resiliency
- Promote the use of health homes for case management to assure coordination and unified treatment planning
- Comprehensive 24/7 crisis program for members

What Does Behavioral Health Integration Look Like?

- Enterprise-wide there are over 250 associates who serve as BH subject matter experts (SMEs) in their respective departments
- These associates are integrated within the core health plan departments, such as:
 - Member and Provider Customer Service
 - Care Management, Pharmacy
 - Network Development
 - Quality, Compliance
 - Claims, Appeals, Grievances, etc.
- Internal and external efforts to assure that medical and behavioral providers are engaged and connected – treatment planning and coordination are achieved at the provider level.

Behavioral Health Integrated Model of Care

Care Management

- ❖ Our model is designed to connect members with their treating providers in an effective and expeditious way
- ❖ We use data to identify member's with high utilization who need intensive and ongoing case management support and intervention at the provider level
- ❖ Uses evidence based best practice to inform utilization and care management processes
- ❖ UM process emphasizes transition to community based services when possible

Case Management – telephonic and field based services

- ❖ Assessment member's total needs that includes social, environmental and financial barriers to care
- ❖ Use of our community outreach, advocacy programs to identify and obtain resources for our members
- ❖ Coordination with agencies such as homeless shelters, food banks and housing programs to assist members with their needs and other organizations like courts, state agencies and public health

Network

- ❖ Identifies providers who are focused on the whole person strategy and aligned with our integration strategies
- ❖ Partner with these providers to develop our high performing networks

Quality

- ❖ Improve member's quality of life by providing early intervention on impactable co-occurring conditions
- ❖ Use of data to demonstrate outcomes
- ❖ Institute a meaningful dialogue with providers to develop pay for performance strategies and innovations to reduce fragmented care and improve outcomes for members

WellCare Behavioral Health Programs and Integration initiatives

WellCare Children Program initiative example:

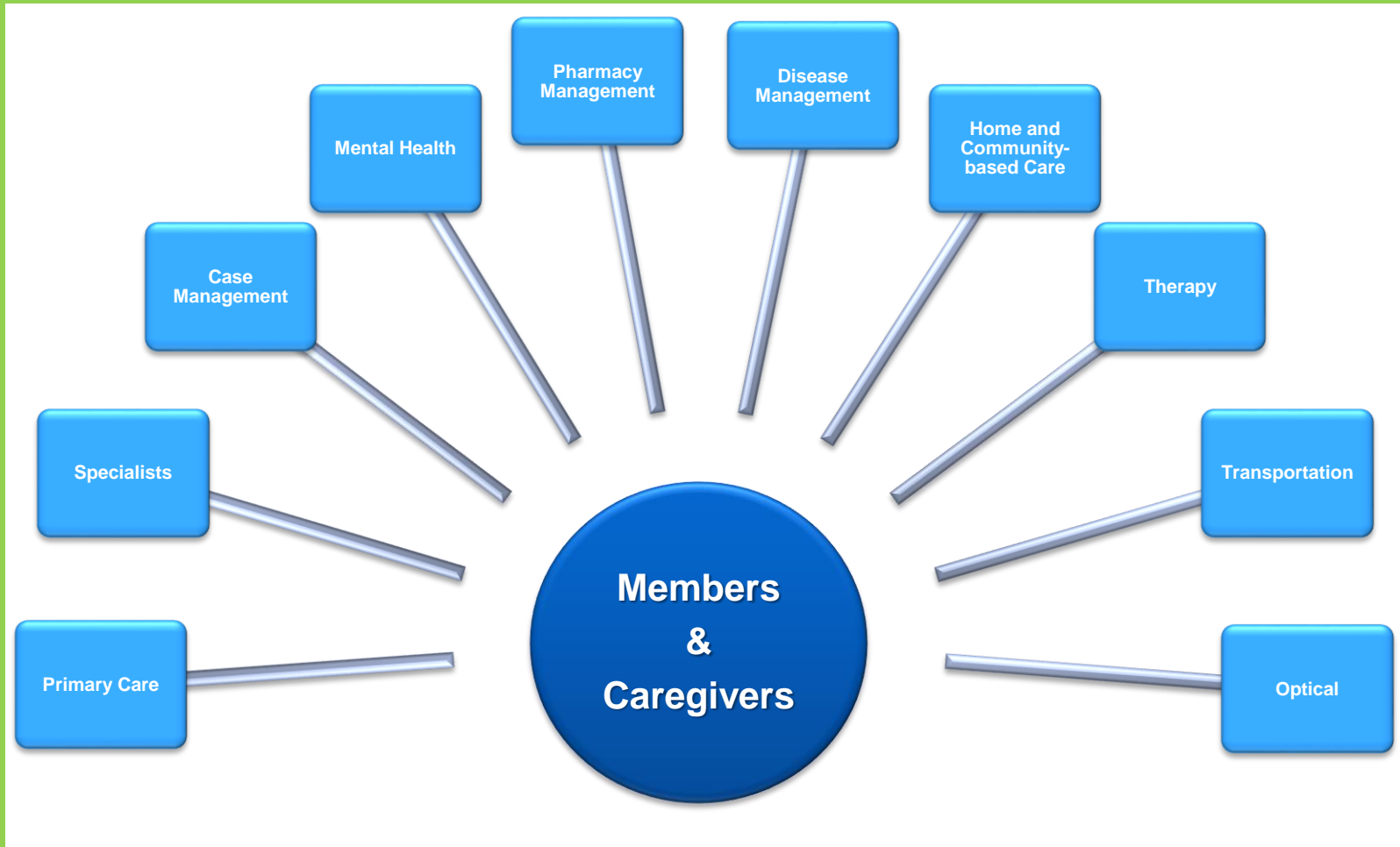
Foster Care Care Management Model

- Whole person strategy includes DCFS, foster family and other key stakeholders in treatment planning and service provision
- A Foster Care Care Manager (FCCM) assigned to every child/youth in foster care. Specialized care managers will partner with DCFS to develop need assessments for high-risk children to prioritize their autism spectrum disorder, severe emotional disturbance or chronic health conditions needs
- For youth aging out of foster care, our care manager will provide health education and literary services to understand critical components such as how to access benefits, co-pays, provider network, frequency of visitation, and importance of preventative care

WellCare Adult Program initiative example:

- Specialized case management program - treating adults with medical co-morbidities with whole person strategy that includes caregivers, PCP's, participating providers, peer supports, community based supports such as housing etc.
- Use of data to inform providers and coordinate care
- Use of our advocacy / community based referral program to address social determinants and enhance member compliance and experience.

WellCare's Integrated Care Model



- Enhance quality of life for members and family caregivers • Provide value to state customers and members
- Significantly decrease inpatient readmissions • Reduce over-utilization across multiple segments
- Reduce non-emergency ground transportation costs • Reduce inpatient bed days

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